

In 1969, Ms. Steele began her long career with the Clark County School District as a teacher at C.V.T. Gilbert Prestige School. Throughout her career with the Clark County School District, Judi's work proved vital as she was integral to the implementation and the success of several educational programs designed to improve academic achievements and opportunities for students of all abilities.

During her time with the Clark County School District, Judi served as an integration consultant with the Intergroup Education Department, team leader for Teacher Corps, the first teacher of CCSD's Academically Talented Program and coordinator of the district's first Child Find. Judi was also the director of the Special Education Programs and Services for the Clark County School District. Among her achievements in this capacity, Ms. Steele created and executed district-wide procedures and staff development activities for principals, teachers, parents, and special student services staff to allow these educators to better serve students. She also devised district-wide programs to cater to the specific needs and requirements of the visually, orally and emotionally handicapped, learning disabled and academically talented students.

Judi also worked as the manager of the Officer of Development and Education Improvement for the Clark County School District while serving as the executive director of the Clark County Public Education Foundation, which is a non-profit corporation dedicated to improving the quality of Clark County's public schools. In 2001, Judi retired from the Clark County School District to become the president and chief professional officer of the Public Education Foundation. Under her guidance, the Foundation has raised approximately \$40 million and has instituted numerous vital programs including: Clark County READS, the Interact Online Learning Community, and the Teacher Exchange.

Judi's excellence in the field of education has gained widespread recognition as she has served on the board of the American Federation of Teachers and the National Education Association. She was also a member of the Association for Supervision and Curriculum Development, the Council of Exceptional Children, the National Association of Elementary School Principals, the National Conference of Christians and Jews, the National Council of Administrative Women in Education, the Committee to Eliminate Racism in the Public Schools, and the National Association for the Advancement of Colored People. In Nevada, Judi has served on the board of directors of the Allied Arts Council, the National Alliance for Arts Education, the Nevada Association for the Handicapped, the Nevada Institute for Contemporary Arts, the New Horizon Academy, the Southern Nevada Administrative Women in Education, and the Summerlin Children's Forum.

Today, Judi continues to actively serve the community as the founder and president of the Arts Council of Henderson. She also sits on the advisory councils of the Nevada Ballet Theatre, the Nevada Public Education Foundation, CLASS! Publications, and the Clark County School District's School Community Partnership Program. Judi's distinguished career has earned her numerous awards and honors including the James Stuart McPhee Memorial Intellectual Freedom Award, the Governor's Arts Recognition Award, the Com-

munity Leaders of America Award, and the City of Henderson Community Achievement Award.

Madam Speaker, I am proud to honor my friend Judi Steele and her many achievements. Her dedication to the community is commendable and I wish Judi continued success in her future endeavors.

COMMENTARY FROM DAVE DURENBERGER

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 29, 2007

Mr. STARK. Madam Speaker, I encourage my colleagues on both sides of the aisle to read the column below from our former Senate colleague Dave Durenberger from Minnesota. Dave continues to be a leader in health policy, having founded the National Institute of Health Policy which promotes health policy dialogue in the Upper Midwest. He also serves as a member of the Medicare Payment Advisory Commission (MEDPAC).

We can all learn from Dave who looks at our health system from a policy perspective, not a purely party perspective.

He is an example for us all.

[National Institute of Health Policy, Mar. 22, 2007]

(By Dave Durenberger)

NATIONAL HEALTH POLICY

MEDICARE "UNFAIR" ADVANTAGE

House Ways and Means Health Committee Chair, Pete Stark, accused AHIP of "lying, using false information" last week when the organization stated the impact that reductions in Medicare Advantage (MA) reimbursements would have on minorities.

When the GOP and AHIP cut a deal to privatize Medicare and set up a formula (benchmarks), AHIP members were positioned to set the annual "defined contribution" Congress must make to private health insurance plans to keep them in the Medicare market. That subsidy today averages 112 percent above what Congress pays for traditional fee-for-service Medicare.

Unfortunately, Republicans asked nothing in return for the subsidy. No cost containment, quality or outcome improvement, no care coordination or service integration, no equity across practices or counties or regions; no value for money. So the plans continue to employ marketing strategies to compete on increasing "benefits" (services access) and reducing beneficiary cost-sharing in "competitive" insurance markets. Both are antithetical to improving "consumer-driven" healthcare cost containment and to improving value for money paid.

When Democrats cry "foul," the AHIP rallies all those folks who now get "more for less," to preserve their unfair advantage over traditional Medicare as well as their insurance companies' profit margins. All of this at the expense of Medicare trust funds, the next generations of tax payers, doctors and hospitals whose payments will be reduced or frozen, and the road to value in medicine on which the AHIP talks a good game but has shown no good-faith effort to "walk their talk."

My suggestion to Pete Stark is that he and his colleagues focus not their anger, but their hearings on the issue of value for money from Medicare Advantage, Private, Fee-for-service Plans, Special Needs Plans,

and all the other hybrid models the financial services industry is putting into the Medicare program.

GOP PREPARES ANOTHER SERIOUS FIGHT

Democrats—and a lot of health economists—have always questioned the value of public subsidies for high-deductible health insurance financed with tax-sheltered Health Savings Accounts (HSAs). Bad tax policy, bad health policy, and bad economics. A December 2006 amendment even expanded the amount of money that can be contributed to HSAs, costing the government \$1 billion in lost tax revenue over the next 10 years.

The new majority in the House is talking about repeal or serious changes, and Republican health policy leader Senator Orrin Hatch of Utah through an aide has declared "there will be a serious fight from Senate Republicans if there is any effort to roll back these provisions." He goes on to claim proof that HSA-driven health insurance plans have reduced health care costs and made American businesses more competitive.

No doubt about it. Bigger deductibles mean cheaper health insurance, but not economies in the big-ticket medical services. HSAs are a totally tax-free wealth-enhancement vehicle and Democrats are serious about finding money to cover all kids, not just the well-born. The bank and financial services industry loves this new product and will help Republicans make a real "serious" fight out of this one.

MEDICARE'S FUTURE

The Medicare Payment Advisory Commission (MedPAC) chair, Glenn Hackbarth, found varying Congressional reception of MedPAC recommendations for change in physician payment and on-going payment reform initiatives. Because four congressional hearings followed quickly on release of a 300-page summary of nearly two years of work, members of Congress had difficulty finding a path through a forest of recommendations. They eventually will, of course, because they have little other choice given the huge financial consequences of living with the current SGR reimbursement-reduction formula.

MedPAC staff recommendations for changes in the physician payment formula relative to practice expense (54 percent of payment base) ran into fairly stiff resistance from physician members. The Commission is seeking ways to more accurately reflect direct and indirect costs since current formula seems to drive the growing disparity between cognitive and procedural. In another effort to more accurately reflect Medicare policy goals, the staff and commission members were uniformly critical of the MMA policy which drives growing subsidies for Medicare Advantage (MA) insurance plans beyond the payments for traditional Medicare provider expense reimbursement.

COMMUNITY BENEFIT

The Board of Trustees of the American Hospital Association (AHA) has restated its position on what qualifies as community benefit for purposes of preserving tax exempt status for not-for-profit hospitals. "Charity care, bad debt, unpaid cost of Medicare, Medicaid, SCHIP, indigent care and other safety net programs," which make up 90 percent of most non-profit hospital reports, continues to be a qualifier. The Catholic Health Association (CHA) of the United States will report to the public by April 1 on a different kind of measure—all audited data. These were developed with the VHA over the past couple years and reflect FY 2006 performance data on 95 percent of CHA hospitals.

Everyone knows that for-profit hospitals—large and small, urban and rural—operate in much the same markets as not-for-profits and have the very same under-pay and no-

pay problems. Hospital Corporation of America (CHA) claims 20 percent of unpaid charges for its hospitals, I believe. Everyone knows that it's the rare hospital that doesn't market itself to Medicare patients. It is to the credit of serious mission-driven hospitals like those in CRA and VHA who have chosen not to play the game, but to get serious about accountability to the communities that provide them the opportunity to serve. It is also to the credit of AHA members who have decided to go far beyond the AHA criteria and establish their own improved benefit criteria and accountability processes.

On a policy note: Todd Sloane at Modern Healthcare suggests this week that Senate Finance Chair Max Baucus and Ways and Means Chair Charley Rangel have gone soft on non-profit accountability, so hospitals are breathing easy. He also suggests that Senator Chuck Grassley and the IRS ought to start shining their lights on not-for-profit health insurance plans and include reserves accumulation, executive compensation and other contributions to "rising medical costs." Just when we thought only the for-profit AHPs were big in compensation and profit. Go Dean Zerbe!

COMPARATIVE EFFECTIVENESS

How can we assure beneficiaries that they receive value for their money from medical technology, clinical procedures and services? It's basically a scientific analysis of varying alternatives to diagnostics and therapy, practiced in many ways by multi-specialty groups, HMOs, and some large health plans like the Blues and the VA healthcare system. The MedPAC staff analysis recommends consideration of one national entity to perform the service for all practices ala the National Institute for Health and Clinical Excellence (NICE) in the U.K. Commission members are split on the recommendation with a majority inclined to accept the idea with refinement and a vocal minority (including this member) suggesting that AHRQ be charged and funded by Congress with developing a policy pathway toward comparative and cost effectiveness. All of this would eventually be tied to payment systems as well as practices, and utilizing and encouraging existing practice-based research efforts around the country.

THE FEDERAL GOVERNMENT'S ROLE IN UNIVERSAL COVERAGE

The President and his administration once again made clear their position on consumer choice for America's healthcare. In reaction to the Citizens' Health Care Working Group's Report from September, 2006, the administration agreed with the group's overall goal of providing quality health care for all Americans, but disagreed on the strategy to get there.

According to HHS Secretary Mike Leavitt, the administration supports "an approach emphasizing consumer choice and options" rather than an approach "based on mandates and government intervention." The administration also rejected the idea of creating a single-benefit—defined by a federally appointed committee—for all Americans.

The Bush Administration believes in two principles: (1) Each state legislature can reflect the "insurance benefit" that people believe is best to secure the blessings of universal coverage; and (2) The federal spending role should be confined to supporting consumer choice in the form of tax credits/deductions rather than any direct spending.

The problem with (1) is that we are talking here about the income security of all Americans, not health benefit mandates which are often the work of the medical establishment. The challenge with (2) is that reliance on tax policy alone requires a transition from regressive subsidies to income-related sub-

sidies especially when tied to a mandate. I would assert an additional (3) in that I don't believe "universal insurance plan access" is the same as the promise of universal access to health and related services every American could enjoy if we ran a more efficient health care system.

WRONG WAY CALIFORNIA

Just as the rest of the country is looking to pay physicians to improve the value of health care delivery, California employers are moving their employees away from the recognized higher-performing health care systems towards PPOs. Independent consultant, Allan Baumgarten, in his recent California Health Care Market Report tells us that large employers are moving some of the 12+ million Californians in HMOs out to fee-for-service medical care. "All of this has physicians scrambling to retool themselves . . . faced with the need to change a culture that encouraged physicians to be conservative providing care and to be 'modest' in reporting the amount of care provided, into a culture focused on maximizing fee for service payments."

Meanwhile, in the business world, a new survey by Watson Wyatt Worldwide and the National Business Group on Health shows a tendency of employees to opt for more comprehensive coverage. Despite ever-increasing healthcare costs, most employers still offer a choice in health insurance to their employees, while a small percentage (5 percent) are forcing the health insurance decision by only offering a CDHP option.

COMMUNITY FORUMS PROVIDE OPPORTUNITY TO SHARE CONCERNS ON IMMIGRATION

HON. GABRIELLE GIFFORDS

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 29, 2007

Ms. GIFFORDS. Madam Speaker, I rise today to call on all Members of the House to listen to each other's concerns so that we can reach an agreement on comprehensive immigration reform.

I am proud to be a cosponsor of the bipartisan legislation authored by Congressman GUTIERREZ and Congressman FLAKE, H.R. 1645.

Recently, I held a teleconference forum with District business leaders, law enforcement officers, I.C.E. and Border Patrol agents, and representatives from the Arizona Department of Corrections and Governor Napolitano's office.

Their concerns included needing more help with the burden of incarcerating illegal immigrants, having trouble finding workers, and requiring assistance with a quick, easy-to-use employee verification system, among other issues.

Over the next two weeks in the district, I will be holding additional community forums, so people can tell me what they think needs to be done about our Nation's immigration crisis.

I look forward to hearing from members of my community on every side of the issue—immigrant rights activists, business leaders, the Minutemen, law enforcement, ranchers, and local residents.

Border Patrol Chief David Aguilar will also be joining me in the District to hear from folks on the front lines of this issue.

After listening to a range of experts and local residents, I will recommend possible improvements before we vote on any legislation.

What is clear to me is that the illegal immigration crisis is complex and impacts almost every aspect of our lives in Arizona. Therefore, a piecemeal approach will not work.

If we truly want to secure the border and end illegal immigration, we must pass a common-sense bill that will address every part of the problem.

HONORING MARY PAT ROBERTSON

HON. RUSH D. HOLT

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 29, 2007

Mr. HOLT. Madam Speaker, I rise today to recognize Mary Pat Robertson from Princeton. Ms. Robertson is celebrating her twentieth anniversary as Director of the American Repertory Ballet's Princeton Ballet School.

Under her leadership the Princeton Ballet School has evolved into one of the most acclaimed in the country, supporting over 1200 students annually at three locations. Ms. Robertson leads a faculty of forty supremely accomplished professionals, and works with them to mentor young dancers and to pass along techniques and artistry of classical ballet.

Audree Estey founded the Princeton Ballet School on the belief that dance is an empowering activity that will benefit students all their lives. Throughout the past twenty years, Ms. Robertson has built upon this premise and has expanded students' self-esteem, self-discipline, and fitness.

Mary Pat Robertson is also a choreographer. She has choreographed 25 years of work for her modern dance company, Teamwork Dance, along with many operas for the Opera Festival of New Jersey. For this work she received a Choreographic Fellowship from the New Jersey State Council of Arts, and has been honored by the Arts Council of Princeton as one of Princeton's most esteemed artists.

The arts are a vital contribution to a child's development and learning. Through dance, children have an opportunity not only to learn, but to participate in the culture of their community. These children whom Ms. Robertson has taught the arts will continue to thrive in society.

After 20 years as Director, Ms. Robertson still finds inspiration and satisfaction in a classroom of eager young dancers. I am proud to recognize Ms. Robertson on the occasion of her twentieth anniversary with the Princeton Ballet School.

RECOGNIZING NATIONAL SOCIAL WORK MONTH

HON. DANNY K. DAVIS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 29, 2007

Mr. DAVIS of Illinois. Madam Speaker, I rise to recognize March as National Social Work Month. National Social Work Month affords the perfect opportunity to highlight the essential role that social workers play in working with all vulnerable populations. Social workers help all people at every stage of life, while promoting dignity for everyone, especially the most vulnerable among us.